

	APOLLO HOSPITALS, SECUNDERABAD		FMS– 07a
			Issue: C
	POLICY ON EVACUATION PLAN		Date: 06-01-2017
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PREPARED BY: Hospital Administrator		APPROVED BY: Chief Executive Officer	

## 1.0 Purpose:

To provide a plan of action for the hospital to be followed in case an emergency evacuation is needed or in case of fire, delineating specific actions for various unique areas.

Using the building in accordance with design principles and following the requirements of this policy will ensure that the possibility of large-scale evacuation is minimized.


## 2.0 Scope:

Hospital Wide

## 3.0 Aim:


The primary aims of evacuation are:

- To remove all occupants, within the affected area, from immediate danger.
- To keep the distance of any movement as short as possible.
- To avoid routes, which may need to be used by the emergency services
- To evacuate vulnerable patients with suitable safety precautions.
- To remove patients to a safe area remote from the fire and suitable for their comfort and continued treatment, possibly for a prolonged period.
- To remove visitors to a safe area, from which they can proceed to the fire assembly points in the ground floor.

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### 3.0 Method:

- a) The evacuation method employed in the hospital is that of ‘Progressive Horizontal Evacuation’, the principle of which is to move the patients from an area affected by fire, through a fire-resisting barrier to an adjoining area (refuge) on the same level.
- b) The refuge is designed to protect the occupants from the immediate dangers of fire and smoke while the fire is dealt with or decisions are made with regard to further evacuation if necessary.
- c) In the first instance patients should be moved from the room affected by fire in the most expedient way possible. This may involve moving the beds, transferring patients to wheelchairs or simply encouraging and assisting ambulant patients to leave. Once the initial evacuation has taken place the need for further movement can be assessed.
- d) In most instances there will be no need to progress the evacuation further, however, if the need arises the following points should be considered:
  - (1) Does the refuge have the necessary facilities for a prolonged situation.
  - (2) Do you have to pass an area of higher risk on route.
  - (3) Does the refuge offer the opportunity for further evacuation if necessary.

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**Conference Point – In case of total disaster the evacuated people to assemble in the earmarked assembly zone.**

Assembly Zone 1 : Opposite to hospital, near OP Pharmacy .

### **3.0 Procedure:**

#### **3.1 General:**

The term “Emergency Evacuation” has different meanings according to the vulnerability of the building in question. When a building such as the Hospital affords protection because of its construction and fire suppression systems, “evacuation” will mean removal of patients, personnel, and visitors to areas deemed fire-safe for as long as it may be necessary to decide further course of action. The plan of action for the Hospital is for horizontal evacuation to fire-safe area until fire department officials and Manager-Security Officer declare the area safe.

#### **3.2 Discovery of Fire-Follow R.A.C.E. procedures:**

- § The code phrase “Code Brown” shall be used under the following conditions.
- § When the individual detects fire, he shall immediately go to the aid of the endangered person. When someone else hears this code, they shall activate the nearest fire alarm.
- § All the people from immediate danger shall be evacuated. Priority for evacuation shall be in-patient care areas, the room that has the fire, the adjacent rooms and the room directly across the hall.

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- § If the alarm has not been activated by the automatic system, a person who detects the fire shall activate the nearest fire alarm.
- § A fire alarm can be activated by the following mechanisms:
  1. Fire Hydrant Station
  2. Water flow through sprinkler system
  3. Heat and/ or smoke detection devices
- § Call the security to provide detailed information on the location, and exact fire/ smoke conditions present
- § Contain the fire by closing doors and windows. In-use carts shall be relocated out of the corridor and placed in unoccupied rooms.
- § The nursing supervisor or duty manager as “Fire Marshall” shall attempt to extinguish fire (one attempt only) after an alarm has been activated
- § Fire Marshals shall control all activities till the Fire Department personnel arrive.

### 3.3 Fire Alarm Notification System:

**Public Address System:** The Telephone operators shall broadcast a message over the public address system, notifying where the fire has occurred and proceeded by the word, “Code-Brown”

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### 3.4 Responsibilities:

- § Upon notification of a confirmed fire, the Security Officer shall notify the Hospital Administrator through the switchboard and they shall activate the Hospital emergency plan
- § Fire marshals shall immediately respond to all fire alarms. The knob on the alarm system shall be turned off in order to stop the sound.
- § Nursing and other hospital staff follow RACE procedures as detailed in the Safety Manual
- § The smoke detectors reactivate automatically.

#### Security personnel:

- § Shall prevent entrance of unauthorized persons into fire and staging areas
- § Shall control traffic and direct the fire department to the area
- § Shall safeguard valuable property
- § Perform other duties as requested by their supervisors

### 3.5 Procedures at the site of fire:

#### 3.5.1 Fire floor:

Follow RACE procedures

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- § Fire marshals shall investigate the fire within their area of responsibilities
- § On floors, all non-critical staff, visitors, etc. shall be instructed to move safely behind a set of “fire doors” and make way towards the fire exits so as to evacuate the area
- § Based on the severity of the fire, the Security Officer shall make a decision in coordination with the nursing Supervisor & Floor Resident Doctor, to move non-ambulatory patients through the horizontal exit and into the next building or towards the fire exits. From here, further decisions shall be made to evacuate vertically
- § Any medical gas shut off shall be closely coordinated through a joint decision made by the fire department, Maintenance and Nursing Supervisor. Gas shall only be shut down on their authority and fire fighting needs

### **3.5.2 Rooms left with patients undergoing surgery with anesthesia and surgical personnel:**

Extra personnel shall be moved out of the room and to safety.

All electrical equipment that is not absolutely necessary for the speedy completion of the procedure shall be disconnected.

All doors of the Operating Room in the vicinity of the fire shall be kept closed.

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## **FIRE PREVENTION MANAGEMENT**

The Hospital identifies processes for regularly inspecting, testing, and maintaining fire protection and fire safety systems, equipments, and components.

## **FREQUENCIES**

<b>Monthly</b>	Portable fire extinguisher inspection
<b>Annually</b>	Fire Extinguisher maintenance Sprinkler inspection/test/maintenance Smoke and heat detectors  Manual fire alarm pull stations Audible devices Fire hydrant– full flow Sprinkler main drains